

**CITY OF HOKAH  
MOTORIZED GOLF CART  
PERMIT APPLICATION FORM**

PERMIT FEE: \$20.00                      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT NAME: first\_\_\_\_middle\_\_\_\_last\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

OR, IF NO VALID DRIVERS LICENSE

REASON FOR NO DRIVER'S LICENSE \_\_\_\_\_

**GOLF CART INFORMATION:**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

YEAR \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

**INSURANCE INFORMATION:**

INSURANCE CARRIER NAME \_\_\_\_\_

INSURANCE POLICY # \_\_\_\_\_

*ATTACH PHYSICIANS CERTIFICATE TO THIS APPLICATION FORM  
PERMIT VALID FOR THIS OPERATOR ONLY, NOT THE VEHICLE ITSELF  
PLEASE READ BOTH HOKAH ORD#116 and MSA#169.045 ATTACHED TO LICENSE COPY*

I hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE                      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Below Office Use Only

ANNUAL PERMIT FEE RECEIVED \$ \_\_\_\_\_ DATE PAID \_\_\_\_\_

PHYSICIANS CERTIFICATE ON FILE \_\_\_\_\_

SLOW MOVING VEHICLE INSTALLED \_\_\_\_\_

REAR VIEW MIRROR INSTALLED \_\_\_\_\_

SIGNED \_\_\_\_\_

**ALL PERMITS EXPIRE ON DECEMBER 31 OF THE YEAR IN WHICH THEY WERE ISSUED.**